Inventory of Individual Needs
Children with Developmental Disabilities

Client Name: _____   **Completion Date: _____**

Birth Date: _____   **Age in Years:_____**   **Months: _____**   **Medicaid ID#:_____**

1. Disability Description

	Identify all disabilities that apply:	
	Disability	Data Source
	Autism	• Respondent
	Intellectual Disability (MR)	• Psychological Evaluation
	Neurological Impairment (CP, Epilepsy, TBI, MS, Tourette's)	• Medical/Social History
	Physical Impairment (MD, Amputation, Limb Deformities or Absence, Spina Bifida, Spinal Cord Injuries)	• Medical Records • School Based Assessment
	Health Impairments (Cancer, AIDS, Heart Disease, Blood Disease, Septal Defect Endocrine Conditions, , Microcepahly, Encephaly, Failure to Thrive)	• BDI-2 Total Developmental Quotient • Infant Toddler Program Assessment
	Sensory Impairment (Hearing/Vision/Deaf-Blind)	
	Emotional Impairment	
	Communication Impairment (Speech Disorder, Language Disorder)	
	Specific Learning (Disability Dyslexia, Dysgraphia, Dyspraxia)	

2. Mental Health Diagnosis

Does the individual have a Mental Health diagnosis? (psychosis, personality disorder, mood disorder, ADHD)

	Yes	**Requires Verifying Documentation**
		Respondent, Psychological (Clinical) Evaluation, Medical/Social History, School Assessment
	No	If medical record indicates a Mental Health diagnosis, select "yes", regardless of interview response

3. Medications for Behavior Disorder

Does the individual take a behavior modifying medication?

(Antipsychotic, Antidepressant, Medication for behavior management, Anti-anxiety, Anticonvulsant used to control behavior, ADHD, Sleep Disorder)

	Response	Data Source
	Yes	**Requires Verifying Documentation**
		Respondent, Psychological Evaluation, Medical Evaluation
	No	If medical record indicates medication, select "yes," regardless of interview response

4.   High Risk Behavior

Does the individual have documented history of severe aggression, self-injurious or other dangerous behavior that endangered the safety of the child or others

	Response	Data Source
	Yes	**Requires Verifying Documentation**
	No	Respondent, School Assessment, Psychological Evaluation, Medical Social History

5.   Complex Medical Condition

Does the individual have a medical condition that is so complex or unstable that intensive medical care is required, i.e. hospital care, in-home nursing, hospice?

	Response	Data Source
	Yes	**Requires Verifying Documentation**
	No	Respondent, Medical Evaluation

6.   Need for Nursing Care

Does the individual have a need for nurse intervention?

	Response	Data Source
	No Services Needed	**Requires Verifying Documentation**
	Monthly	Respondent, Medical Record
	Weekly	If the medical record indicates a need for nursing, select "yes", regardless of interview
	Daily	

7.   Transportation

How often does the individual require transportation to go into the community on a weekly basis?

	Response	Data Source
	None	Respondent
	1 day per week	
	2-3 days per week	
	4-5 days per week	
	6-7 days per week	

If the individual uses transportation, is the transportation over 150 miles per week?

	Response	Data Source
	Yes	Respondent
	No	

8. One Time Durable Medical Equipment Needs

Are there out of the ordinary one-time DME needs for this coming plan year?

	Response	Data Source
	Yes	Respondent, Medical Record
	No	

9. Seizures

Does the individual have a Seizure Disorder?

	Response	Data Source
	Yes	**Requires Verifying Documentation** Respondent, Medical Record
	No	If medical record indicates uncontrolled seizures within the last 6 months, select "yes," regardless of interview.

10. If the individual has seizures, please identify all that apply

	Category	Description	Data Source
	Type of seizure has not been determined		Respondent, Medical Records
	Special epileptic syndromes	myoclonic and reflex epilepsies, infant febrile seizures, Lennox-Gastaut	
	Simple partial seizures	no alteration of consciousness	
	Complex partial (focal) seizures	alteration of consciousness	
	Generalized seizures-non-convulsive	absence, "petit mal" juvenile myoclonic epilepsy, infantile spasms, etc	
	Generalized seizures-convulsive	tonic, clonic, tonic-clonic, "grand-mal" juvenile myoclonic epilepsy, etc.	

If the individual has seizures, please identify the frequency of the seizures

	Frequency	Data Source
	Monthly	Respondent, Medical Records
	Weekly	
	Daily	
	If daily, how many times on average?	

11.   Hearing

Which choice best describes the individual's hearing within the last year?

	Category	Data Source
	Normal	**Verify with Audiological Evaluation** Respondent, Medical Records, IFSP If the medical record indicates a hearing loss different than the respondent's choice, use medical documentation, regardless of interview response.
	Chronic Otitis Media and/or Eardrum Perforations	
	Mild hearing loss (difficulty hearing normal speech; 20-40 dB HL)	
	Moderate hearing loss (difficulty hearing both normal and loud speech; 41-55 dB HL)	
	Severe hearing loss (can hear only amplified speech; 71-90 dB HL)	
	Profound loss (cannot hear even amplified speech; 91 or greater dB HL)	

If the child has a hearing loss, does the hearing loss decrease functionality?

	Response	Data Source
	Yes	Respondent, Medical Record
	No	

12. Vision

Which choice best describes the individual's vision within the last year? (with corrective lenses)

	Category	Data Source
	Fully Sighted	**Requires Verifying Documentation** Respondent, Medical Records, IFSP If the medical record indicates vision impairment different than the respondent's choice, use medical documentation, regardless of interview response.
	Partially Sighted (Has resulted in the need for special education)	
	Low Vision (Unable to read at a normal viewing distance with visual aids)	
	Legally Blind (Less than 20/200 in better eye or 20 degrees field of vision at its widest point)	
	Totally Blind	

If the child has vision impairment, does the vision loss decrease functionality?

	Response	Data Source
	Yes	Respondent, Medical Record
	No	

13. Communication

	Which choice best describes the individual's ability to communicate within the last year?		
	Category	Description	Data Source
	Independent – Verbal		Respondent
	Uses Intermittent Assistance		
	Has Facilitated Speech		
	Uses Assistive Technology		
	Non-Verbal		

14. Mobility/Motor

Select the response which best describes the frequency of support required for mobility:

	Response	Description	Data source
	Never	Independent mobility	Respondent
	Sometimes	Gets around independently, occasionally needs assistance	
	Usually	Requires assistance from another person	
	Always	Requires assistance from another person	

End of interview section

The following questions are to be answered using data from Standardized Assessments

15. Level of Functioning – To be found on Psychological Exam

	Indicate the individual's current level of intellectual functioning (check one):		
	Category	Description	Data Source
	Average	IQ Level above 85	Psychological or Psychometric Evaluation, School Based Assessment
	Border-Line	IQ Level 71-84	
	Mild	IQ Level 50-55 to approximately 70	
	Moderate	IQ Level 35-40 to approximately 50	
	Severe	IQ Level 20-25 to approximately 35	
	Profound	IQ Level below 20	
	Waiting on Evaluation Results		
	Not Applicable – Diagnosis in not MR		

16. Cognitive Ability

Broad Independence (Age 3-18)	Years: _____ Months: _____	From the SIB-R

17. Maladaptive Behavior

General Maladaptive Index	_____	From the SIB-R (Maladaptive)

18. Social and Communication

Social Interaction	Years: _____ Months: _____	From the SIB-R
Language Comprehension	Years: _____ Months: _____	
Language Expression	Years: _____ Months: _____	

19. Personal Living

Eating	Years: _____ Months: _____	From the SIB-R
Dressing	Years: _____ Months: _____	
Toileting	Years: _____ Months: _____	
Self Care	Years: _____ Months: _____	

20. Community Living

Home-Community	Years: _____ Months: _____	From the SIB-R

21. Mobility

Gross Motor	Years: _____ Months: _____	From the SIB-R